

## **Assembly Bill No. 969**

### **CHAPTER 738**

An act to add Section 14105.221 to the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor September 29, 2012. Filed with  
Secretary of State September 29, 2012.]

#### **LEGISLATIVE COUNSEL'S DIGEST**

AB 969, Atkins. Medi-Cal: clinical laboratory and laboratory services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides, until a specified rate methodology is approved by the Federal Centers for Medicare and Medicaid Services, that reimbursement for clinical laboratory or laboratory services, as defined, may not exceed 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services.

This bill would, in this regard, prohibit consideration of the donation of, or the granting of discounts for, clinical laboratory tests or examinations or laboratory services to a federally qualified health center, as defined, for the purpose of serving its uninsured patients, as a basis for the reduction of Medi-Cal payments below that reimbursement rate.

*The people of the State of California do enact as follows:*

SECTION 1. Section 14105.221 is added to the Welfare and Institutions Code, to read:

14105.221. Notwithstanding Section 51501(a) of Title 22 of the California Code of Regulations, donation of, or discounts for, clinical laboratory tests or examinations or laboratory services to a federally qualified health center, as defined in Section 1396d(l)(2)(B) of Title 42 of the United States Code, for the purpose of serving its uninsured patients, shall not be considered as a basis for the reduction of Medi-Cal payments below the reimbursement rate established pursuant to Section 14105.22.

O